

U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

FLOOD INSURANCE PREFERRED RISK POLICY APPLICATION

O.M.B. No. 1660-0006 Expires July 31, 2006

☐ NEW  
☐ RENEWAL

CURRENT POLICY NUMBER  
FL \_\_\_\_\_  
IF NEW, LEAVE BLANK

POLICY TERM	DIRECT BILL INSTRUCTIONS: <div><input type="checkbox"/> BILL INSURED    <input type="checkbox"/> BILL FIRST MORTGAGEE    <input type="checkbox"/> BILL SECOND MORTGAGEE    <input type="checkbox"/> BILL LOSS PAYEE    <input type="checkbox"/> BILL OTHER</div>		WAITING PERIOD: <input type="checkbox"/> STANDARD 30-DAY <input type="checkbox"/> LOAN-NO WAITING  POLICY PERIOD IS FROM _____ TO _____ <small>12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION</small>																																	
AGENT INFORMATION	ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER: _____ _____ _____  AGENCY NO.: _____ AGENT'S TAX ID <input type="checkbox"/> T OR SSN <input type="checkbox"/> S _____		INSURED DRE MS AS IL  S E C O N D  M O R T G A G E  C O M M U N I T Y	NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED: _____ _____ _____ _____ _____  INSURED'S SOCIAL SECURITY NUMBER _____																																
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POLICY TERM

AGENT INFORMATION

DISASTER ASSISTANCE

FIRST MORTGAGEE

PROPERTY LOCATION

BUILDING

NOTICE

SIGNATURE

DIRECT BILL INSTRUCTIONS:  
☐ BILL INSURED    ☐ BILL FIRST MORTGAGEE    ☐ BILL SECOND MORTGAGEE    ☐ BILL LOSS PAYEE    ☐ BILL OTHER

ADDRESS, TELEPHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT OR BROKER:  
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\_\_\_\_\_  
\_\_\_\_\_  
AGENCY NO.: \_\_\_\_\_  
AGENT'S TAX ID ☐ T OR SSN ☐ S \_\_\_\_\_

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE? ☒ YES ☐ NO  
IF YES, CHECK THE GOVERNMENT AGENCY:  
☐ SBA    ☐ FHA    ☐ OTHER (PLEASE SPECIFY) \_\_\_\_\_  
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CASE FILE NUMBER \_\_\_\_\_

NAME, TELEPHONE NO., FAX NO., AND ADDRESS OF FIRST MORTGAGEE INCLUDING LOAN NUMBER:  
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\_\_\_\_\_  
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LOAN NUMBER \_\_\_\_\_

IS INSURED LOCATION SAME AS INSURED MAILING ADDRESS?  
☒ YES    ☐ NO    IF NO, ENTER PROPERTY ADDRESS. IF RURAL, DESCRIBE PROPERTY LOCATION. (DO NOT USE P.O. BOX)  
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BUILDING OCCUPANCY  
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BUILDING TYPE (INCLUDING BASEMENT/ENCLOSURE)  
☐ ONE FLOOR    ☐ SPLIT LEVEL  
☐ TWO FLOORS    ☐ THREE OR MORE FLOORS  
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IS BUILDING INSURED'S PRINCIPAL RESIDENCE?  
☒ YES    ☐ NO  
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ESTIMATED REPLACEMENT COST  
AMOUNT \$ \_\_\_\_\_

MAKE , MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER:  
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CONSTRUCTION DATE \_\_\_\_\_ IS BUILDING: CONDO UNIT ☒ Y ☐ N TOWNHOUSE/ROWHOUSE CONDO UNIT ☒ Y ☐ N

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(MM/DD/YY)  
ESTIMATED REPLACEMENT COST  
AMOUNT \$ \_\_\_\_\_

MAKE , MODEL AND SERIAL NUMBER OF MANUFACTURED (MOBILE) HOME/TRAVEL TRAILER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONSTRUCTION DATE \_\_\_\_\_  
IS BUILDING: CONDO UNIT ☒ Y ☐ N  
TOWNHOUSE/ROWHOUSE CONDO UNIT ☒ Y ☐ N

FAILURE TO ANSWER THE FOLLOWING QUESTIONS PROPERLY COULD RESULT IN VOIDANCE OF CONTRACT! THE FOLLOWING CONDITIONS SHOULD BE USED TO DETERMINE A BUILDING'S ELGIBILITY FOR A PRP BASED ON ITS FLOOD LOSS HISTORY.  
A) DO ANY OF THESE CONDITIONS, ARISING FROM ONE OR MORE OCCURENCES, EXIST?  
2 LOSS PAYMENTS, EACH MORE THAN \$1,000 ☒ YES ☐ NO  
3 OR MORE LOSS PAYMENTS, REGARDLESS OF AMOUNT ☒ YES ☐ NO  
2 FEDERAL DISASTER RELIEF PAYMENTS, EACH MORE THAN \$1,000 ☒ YES ☐ NO  
3 FEDERAL DISASTER RELIEF PAYMENTS, REGARDLESS OF AMOUNT ☒ YES ☐ NO  
1 FLOOD INSURANCE CLAIM PAYMENT AND 1 FLOOD DISASTER RELIEF PAYMENT (INCLUDING LOANS AND GRANTS), EACH MORE THAN \$1,000. ☒ YES ☐ NO  
B) IS THE BUILDING LOCATED IN A SPECIAL FLOOD HAZARD AREA ON A FLOOD HAZARD BOUNDARY MAP, OR ON A FLOOD INSURANCE RATE MAP ZONE A, AE, A1-A30, AO, AH, A99, V, VE, V1-V30, AR, AR DUAL ZONES AR/AE, AR/AH, AR/AO, AR/A1-A30, AR/A? ☒ YES ☐ NO  
INSURANCE IS AVAILABLE UNDER THIS APPLICATION ONLY IF THE ANSWERS TO THESE QUESTIONS ARE NO.

BUILDING/ CONTENTS	PREMIUM INCLUDING FEDERAL POLICY FEE AND ICC PREMIUM*	
	WITH BASEMENT/ ENCLOSURE	W/O BASEMENT/ ENCLOSURE
\$ 20,000 / \$ 5,000	A \$136	J \$111
\$ 30,000 / \$ 8,000	B \$162	K \$137
\$ 50,000 / \$ 12,000	C \$204	L \$179
\$ 75,000 / \$ 18,000	D \$231	M \$206
\$ 100,000 / \$ 25,000	E \$262	N \$232
\$ 125,000 / \$ 30,000	F \$278	O \$248
\$ 150,000 / \$ 38,000	G \$293	P \$263
\$ 200,000 / \$ 50,000	H \$330	Q \$295
\$ 250,000 / \$ 60,000	I \$351	R \$316

COVERAGE COMBINATIONS (NOTE: NO OTHER COMBINATIONS AVAILABLE)  
BLDG. DEDUCT. \$500    CONTS. DEDUCT. \$500    RATE TABLE TYPE: 7  
\* DEDUCT \$6.00 IF TOWNHOUSE/ROWHOUSE CONDOMINIUM UNIT;  
ADD PROBATION SURCHARGE, IF APPLICABLE.

WAITING PERIOD:    ☐ STANDARD 30-DAY    ☐ LOAN-NO WAITING

POLICY PERIOD IS FROM \_\_\_\_\_ TO \_\_\_\_\_  
12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

NAME, TELEPHONE NUMBER AND MAILING ADDRESS OF INSURED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INSURED'S SOCIAL SECURITY NUMBER \_\_\_\_\_

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME, TELEPHONE NO., FAX NO., AND ADDRESS.  
☐ 2ND MORTGAGEE    ☐ DISASTER AGENCY, SPECIFY \_\_\_\_\_  
☐ LOSS PAYEE    ☐ IF OTHER, PLEASE SPECIFY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
LOAN NUMBER \_\_\_\_\_

NAME OF COUNTY/PARISH \_\_\_\_\_ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? ☒ YES ☐ NO  
COMMUNITY NUMBER AND SUFFIX FOR LOCATION OF PROPERTY INSURED \_\_\_\_\_  
FLOOD INSURANCE RATE MAP ZONE \_\_\_\_\_  
INFORMATION SOURCE:  
☐ COMMUNITY OFFICIAL    ☐ FLOOD MAP    ☐ MORTGAGEE  
☐ OTHER, SPECIFY \_\_\_\_\_

(ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. THE PROPERTY OWNER AND I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.  
SIGNATURE OF INSURANCE AGENT/BROKER \_\_\_\_\_ DATE \_\_\_\_\_  
(MM/DD/YY) (OVER)

FEMA Form 81-67, JUL 03  
PREVIOUS EDITIONS ARE OBSOLETE.  
SPECIAL NOTE TO INSURANCE AGENT: SEND ORIGINAL TO NFIP, KEEP SECOND COPY FOR YOUR RECORDS, GIVE THIRD COPY TO THE INSURED, AND FOURTH COPY TO MORTGAGEE.

F-089 (1/04)

**FLOOD INSURANCE  
PREFERRED RISK POLICY APPLICATION  
FEMA FORM 81-67**

**WARNING TO AGENTS AND INSURANCE APPLICANTS**

The National Flood Insurance Act of 1968, as amended, prohibits a flood insurance policy from being newly issued or renewed on a property officially declared as being in violation of Section 1316 of the Act.

**NONDISCRIMINATION**

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

**PRIVACY ACT**

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

**DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)**

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

**GENERAL**

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

**AUTHORITY**

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 15 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**